## Pt. 77, App. A

Appendix A to Part 77—DD Form 2580, Operation Transition Department of Defense

OUTPLACEMENT AND REFERRAL SYSTEM/PUBLIC AND COMMUNITY SERVICE INDIVIDUAL APPLICATION

OPERATION TRANSITION DEPARTMENT OF DEFENSE OUTPLACEMENT AND REFERRAL SYSTEM/ PUBLIC AND COMMUNITY SERVICE INDIVIDUAL APPLICATION	Form Approved OMB No. 0704-0324 Expires Dec 31, 1996	
Public Reporting budding free collection of information is attituded to weeker 15 minutes per receiver, including any tenter or reviewing instruc- patible free free free free free free free fr	tions, searching existing data sources, te or any other aspect of this collection mation Operations and Reports, 1215 ), Washington, DC 20503.	
PRIVACY ACT STATEMENT		
<b>AUTHORITY</b> : 10 U.S.C. 1143, 1144; EO 9397.		
PRINCIPAL PURPOSE(S):  To Asist separating DoD personnel and their spouses in securing employment. In Defence Outplacement Referral System (DORS) and Public and Community Serve pholyment skills included in a data base designed to link prospective employe community Service applicants.	ice Registry will have their	
ROUTINE USE(S):  To public and private employers (including Federal, State, and local employment agencies, Public and community service agencies).	t agencies and outplacement	
DISCLOSURE: Voluntary; however, failure to provide all requested information will result in appl in the system.	icant data not being included	
If you are an active duty Servicemember, the following information will be added to your job referral for personnel records, if available: Rank, Years of Service, Most Recent Primary Occupation, and Branch of Service and Information on race, ethnic background, see, age, maptal-status, and religious preference will not to Operation Transition is an equal opportunity program (Completion of questions pertaining to the DORS program	Security Clearance. De released to employers. In is voluntary.).	
SECTION I - TO BE FILLED OUT BY ALL APPLICANTS (Print or Type)		
1. REGISTRATION REQUEST (Check all that apply)  DORS ONLY  PUBLIC AND COMMUNITY SERVICE ONLY	ВОТН	
2a. NAME (Last, First, Middle Initial)  2b. SOCIAL SECURITY NUMBER	3. DATE AVAILABLE FOR WORK (YYMMDD)	
4. FILING STATUS (X all that apply)	5. U.S. CITIZEN (X one)	
a. MILITARY (Branch of Service) b. SPOUSE OF ACTIVE DUTY MILITARY		
(1) Army (3) Marine Corps OR CIVIL SERVICE EASÉLOYEE	YES NO	
(2) Navy (4) Air Force c. CIVIL SERVICE EMPLOYEE  6. ADDRESS (For next 6 months) (Street, City, State, Country, and Zip Code, AND TELEPHONE NUMBER (Include	Arra Cada)	
a. ADDRESS LINE 1	Area Code)	
b. ADDRESS LINE 2 g. FOREIGN ZIP CODE		
c. CITY h. U.S. TELEPHONE NUMBER		
d. STATE e. U.S. ZIP CODE i. FOREIGN TELEPHONE NUMBER		
7a. JOB TYPE PREFERENCES (See Instructions for job codes) (Enter one digit per block) (Enter one digit per block)  (Cone)    See Instructions (See Instructions) (Enter one digit per block) (Cone)   See Instructions (Enter one digit per block) (Enter one digit per block) (Enter one digit per block)	commuting distance - does not	
a. STATE b. CITY		
Yes (1)		
10. HIGHEST EDUCATION LEVEL ACHIEVED (X one)	+-+	
a. Non-High School Graduate f. Bachelor's Degree	H	
b. High School Graduate or GED g. Post Bachelor's Degree	1 1	
c. Less than 2 years of college h. Master's Degree		
d. Associate Degree or equivalent i. Post Master's Degree		
e. Less than 4 years of college   j. Doctorate Degree   11. YEAR ACHIEVED   12. SUBJECT OF DEGREE (If applicable)   13. COLLEGE/UNIVERSITY FROM WHICH DEGREE ACHIEVED (If applicable)		
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14. PERSONAL INFORMATION (See Instructions). (Please provide no n limitations do not permit entering additional personal information.	nore than 10 lines (76 spaces per line; maximum of 760 spaces). Database )
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SECTIO	n II } spousē\
(Military Mem	ber - So to Section III)
(Military Mem  15. SPONSOR DATA  a. NAME (Last, First, Middle Initial)	ber - So to Setion (III) b. SOCIAL SECURITY NUMBER
15. SPONSOR DATA  a. NAME (Last, First, Middle Initial)	ber - Go (to Se)tio) III)  b. SOCIAL SECURITY NUMBER
15. SPONSOR DATA	ber - So to Settloh III)  b. SOCIAL SECURITY NUMBER  digit per block)
15. SPONSOR DATA  a. NAME (Last, First, Middle Initial)  16. YOUR JOB HISTORY (See Instructions for job codes) (Enter one  a. JOB CODE  b. LENGTH OF TIM  (1) CURRENT JOB  (2) PRIOR JOB  (3) PRIOR JOB  (3) PRIOR JOB  YEARS  YEARS	ber - So to Settloh III)  b. SOCIAL SECURITY NUMBER  digit per block)
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15. SPONSOR DATA  a. NAME (Last, First, Middle Initial)  16. YOUR JOB HISTORY (See Instructions for job codes) (Enter one a. JOB CODE b. LENGTH OF TIM YEARS YEARS (2) PRIOR JOB YEARS YEARS (3) PRIOR JOB YEARS YEARS 17. HAVE YOU EVER HELD A SUPERVISORY POSITION? (X one)  YES NO  18. HAVE YOU EVER HELD A SECURITY CLEARANCE? (X one)  YES NO	ber - So to Settion III)  b. SOCIAL SECURITY NUMBER  digit per block)  E JOB HELD  MONTHS  MONTHS
15. SPONSOR DATA  a. NAME (Last, First, Middle Initial)  16. YOUR JOB HISTORY (See Instructions for job codes) (Enter one a. JOB CODE b. LENGTH OF TIM YEARS 2) PRIOR JOB YEARS 3  (2) PRIOR JOB YEARS 4  17. HAVE YOU EVER HELD A SUPERVISORY POSITION? (X one) YES NO  18. HAVE YOU EVER HELD A SECURITY CLEARANCE? (X one) YES NO  SECTION III - ALL APPLI  19. AUTHORIZATION  I hereby authorize release of the data on this for	ber So to Settloh III)  b. SOCIAL SECURITY NUMBER  digit per block)  E IOB HELD  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  TO civilian agencies and / or private organizations for loyee or an active duty service member, I also authorize
15. SPONSOR DATA  a. NAME (Last, First, Middle Initial)  16. YOUR JOB HISTORY (See Instructions for job codes) (Enter one of the codes) (Enter one of the codes)  (1) CURRENT JOB	cants Must read and sign  common to civilian agencies and / or private organizations for loyee or an active duty service member, I also authorize

## OPERATION TRANSITION DEPARTMENT OF DEFENSE OUTPLACEMENT AND REFERRAL SYSTEM/PUBLIC AND COMMUNITY SERVICE INDIVIDUAL APPLICATION DETAILED INSTRUCTIONS Item 9. Specific Work Preferences. Enter your first and second work location preferences. Refer to the list below and enter the two-letter abbreviation for the state and print / type the name of the largest city within commuting distance of where you want to work for your first and second work preferences. These cities do not have to be in the region chosen in Item 2. ECTION ! - TO BE FILLED OUT BY ALL APPLICANTS If you are service member, complete Items 1 through 14 and Item 19 in their entrety). You do not need to fill out Items 15 through 18. They will be extracted from your personnel records. It is important that you verify the accuracy of these records prior to entering this program to ensure that the information that is put on your resume is accurate. If you are a spouse, you must complete all items on the form. STATE Kentucky Louisiana Maine Maryland Maryland Minnesota Mississippi Missouri Montana Nebraska Newada New Hampshire New Jersey CODE AL AK AZ AR CA CO CT DE <u>STATE</u> Alabama STATE North Dakota North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming Alabama Alaska Arizona Arkansas California Colorado Connecticut Delaware District of Columbia item 1. Place an X next to the program(s) you wish to register for. If you selected the early retirement option, you must X Public and Community Service or both. OH OK OR PA RI MD MA MI MN MS MO MT NE NV tem 2a. Name. Print/type your na Item 2b. SSN. Enteryour Social Socurity Jumber. Item 3. Date Available for Work. Enter the date you will be available for work as year, month, day (YYMMDD). Availability should not be beyond 6 months from the current date. DC FLA HID IL IN lorida Georgia Hawaii Item 4. Filing Status. Place an X in the box that applies. NN NH **Item 5. Citizenship.** If you are a U.S. citizen, X the YES box. If not, X the NO box. llinois New Jersey New Mexico ndiana Item 6. Address and Telephone Number. Print/type the address and telephone number where you can be contacted during the next three months. lowa Kansas IA KS New York NY North Carolina NC Wyoming Item 10. Highest Education Level Achieved. X the box which most closely matches your highest education level achieved. item 7. a. Job Type Preferences. Enter up to three codes from the Guideline of Standard Occupation Classification (SQC) Codes, FIPS Pub 92, that most closely match(es) the tipe of job(s) you are seeking/qualified to perform. tem 11. Year Achieved. Enter the year you achieved Item 10. **Item 12. Subject of Degree.** Print/type the degree achieved (if applicable) in Item 10 (e.g. B5, Mechanical Engineering; BA, Western Civilization; MS, Physics; etc.). b. If you select yes, your primary occupational description will be included in your resume. Select no if you do not want your primary occupational description included. Item 13. College/University. Print/type the name of the college/ university where Item 10 was obtained if applicable. Item 8. Regional Work Preference. Refer to the regional preference list below, and enter the two-digit code for the geographical area in which you are seeking employment. university where Item 10 was obtained it applicable. Item 74. Personal Information. Print/type in this space any information about yourheiflyou feel would help you obtain a job in the field you are selenching. JAIIJAnformation in this space will be printed verbatim on your DRR seeding. If you are seeking a job in a field other than your primary military duty this information is the most important since it will comprise a majority of your resume. Carefully choose your words and grammar. Eyamples: Fluent in Chinese, Russian and Spanish Virginia State licensed electrician Owned personal computer training business, Jones Computer Training American Society of Mechanical Engineers member REGION 0 Only the specific cities selected REGION 5 Indiana Kentucky Michigan REGION 10 California Oregon Washington REGION 1 Connecticut Maine Massachusetts Ohio REGION 11 REGION 6 lowa Minnesota Montana North Dakota New Hampshire Rhode Island REGION 12 American Samoa Vermont SECTION II - SPOUSE REGION 2 Delaware South Dakota Hawaii Guam This section is to be completed only by spouses of military and DoD civilians whose personnellfiles are not kept by the government. Wisconsin New Jersey New York tem 15. Sponsor Data. a. Name. Punt type your sponsor's name, last name first. REGION 7 REGION 13 Pennsylvania Anywhere in the U.S.A. REGION 3 District of Columbia Kansas Missouri Item 16. Your Job History. Maryland North Carolina Nebraska a. Job Codes. Consult the Guideline for Standard Occupational Classification (SOC) Codes. FIPS Pub 92, and enter the job codes that most closely match the previous three jobs you held. b. Length of Time Job Held. Inter the hymber of years and months the job was held (03 years, 9) months). REGION 14 Outside the U.S.A. REGION 8 South Carolina Virginia West Virginia Arkansas Louisiana REGION 15 Oklahoma REGION 4 Alabama Texas Item 17. Supervisory Experience. If you have supervisory experience, X the YES box. If not, X the NO box. Florida REGION 9 Item 18. Security Clearance. If you had a ecurity glearance, X the YES box. If not, X the NO box. Georgia Colorado Puerto Rico Tennessee Idaho SECTION III Nevada Virgin Islands New Mexico Utah All applicants must sign and date. Turn in the completed form to the transition assistance office. Wyomine

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